

Please follow these instructions to help us process your application as quickly as possible.

1. Complete this Payment Sheet as shown in the payment examples.
2. Make check or money order for full amount due payable to "State of Michigan."
3. Paperclip Payment Sheet and payment to the FRONT of your application filing.

Example 1- Initial provider application (provider has not been approved in Michigan yet). Provider in this example is submitting one course for approval.

Example 2- Application for 8 new courses (provider is already approved in Michigan). Provider sends 8 separate FIS 0406 Application for Continuing Ed. Course/Provider forms (one for each course), and one form FIS 0407 Payment Sheet.

Quantity	Amount	Fee Type/Code/Description	Extension
1	\$500.00	Provider authorization fee One time fee for each provider	\$500.00
1	\$25.00	Course filing fee Non-refundable fee for each course	\$25.00
		EXAMPLE AMOUNT DUE	\$525.00

Quantity	Amount	Fee Type/Code/Description	Extension
	\$500.00	Provider authorization fee One time fee for each provider	
8	\$25.00	Course filing fee Non-refundable fee for each course	\$200.00
		EXAMPLE AMOUNT DUE	\$200.00



The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Phone OFIS toll-free at: 1-877-999-6442

Complete below. Attach sheet and payment to the front of your filing.

Continuing Education Provider Name

Federal Emp. I.D. No. (SSN if individual) Use same number entered on your application

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Please do not write below this line.

Quantity	Amount	Fee Type/Code/Description	Extension	Fee Code
	\$500.00	Provider authorization fee One time fee for each provider		81-15-01
	\$25.00	Course filing fee Non-refundable fee for each course		81-15-67
		TOTAL AMOUNT DUE Enclose check or money order payable in US Dollars. Do not send cash.	\$	

Please make check or money order payable to: State of Michigan

► **Application must be properly completed and accompanied by all fees, payment card and supporting documentation.** Complete a separate application for each course.

☐ Initial Provider Approval

Please enter your 4-digit
Michigan Provider Number

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Part 2-Course Approval (continued) complete each section below as instructed**Course Topics** (select all major topics applicable to course)

<input type="checkbox"/> Fundamentals/principles of insurance Definitions, legal principles in insurance, elements of the insurance contract, types of policies, industry structure	<input type="checkbox"/> Principles of risk management Risk control techniques, risk financing mechanisms, risk identification/evaluation, self-insurance funds	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Ethics in insurance	<input type="checkbox"/> Estate planning/taxation related to insurance Probate court issues, update on tax issues	_____
<input type="checkbox"/> Legal, legislative, regulatory matters	<input type="checkbox"/> Claims/underwriting	_____
<input type="checkbox"/> Provisions/differences in insurance contracts Policy analysis, policy comparisons	<input type="checkbox"/> Agency management	_____
<input type="checkbox"/> Accounting/actuarial considerations in insurance Rating techniques/factors, underwriting considerations, self-insurance funds	<input type="checkbox"/> Adjuster	_____
	<input type="checkbox"/> Credit products	_____

Has course been *disapproved* in other states?

☐ Yes
☐ No

—— If Yes, enter the 2 letter state abbreviations of each state that disapproved this course:

Student materials are:

(select each that applies and complete table below)

☐ Instructor prepared outlines☐ Published materials

Title (attach additional sheet if needed)	No. of pages	Copyright date	Editor/Author	Publisher

SELF STUDY PROGRAMS ONLY complete this section

Type of Self-Study (select all that apply)

<input type="checkbox"/> Audio tape	<input type="checkbox"/> Text/workbook	—— (Include table of contents with page allocations)
<input type="checkbox"/> Teleconference	<input type="checkbox"/> Videotape	
<input type="checkbox"/> Computer based	<input type="checkbox"/> Internet	
<input type="checkbox"/> Other (describe below)		

For each item that applies, enter the *NUMBER* of:

Describe or attach test security procedures (Do NOT send exams)

Pages of text <i>excluding</i> appendices, glossary, indexes and exams:	
Computer screens:	
Minutes of tape or computer time:	
Minutes in classroom or teleconference:	
From purchase, days students have to complete materials:	

CLASSROOM/SEMINAR PROGRAMS ONLY complete this section

Describe or attach method used to verify attendance:

Describe or attach instructor criteria:
(Do NOT include individual biography or resume)

CLASS TIME in minutes:
(net *EXCLUDES* introduction, breaks, meals and subjects not directly related to the course)

TOTAL
class timeNET
class time**Part 3-Certification (required for all applications)**

I certify that I have read the current Continuing Education Provider information on the OFIS website at michigan.gov/OFIS (use left navigation to go to Licensing/Education/Insurance Continuing Education). I certify that this application with supporting documentation is complete and correct.

Signature	Date signed	Signer's name and title (type or print)
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Use this checklist to assure that your filing is complete

Keep this page for your records

Mail your completed filing to:

Thomson Prometric/MI CE
 3105 S Martin Luther King Blvd PMB 179
 Lansing MI 48910-2939

ALL APPLICATIONS for COURSE APPROVAL must include ONE ORIGINAL AND ONE COMPLETE COPY of the following:

- ☐ Properly completed and signed Form FIS 0406 Application for Continuing Education Course/Provider Approval (pages 1 and 2)
- ☐ Sample of Certificate of Completion
- ☐ Summary of course purpose/objectives
- ☐ Table of Contents with page allocations for self-study programs
- ☐ Content outline with time allocated to each detailed segment
- ☐ Sample promotional materials
- ☐ Bibliography
- ☐ Instructor criteria for classroom
- ☐ Test security procedures for self-study
- ☐ Sign-in/out sheet that includes: Provider name and number, course name and number, credit hours, date offered, attendee name and system ID number, time each specific attendee signed in and out, and attendee's signature (see example below).

Also include ONLY ONE of the following:

- ☐ Form FIS 0407 Payment Sheet for Continuing Education *properly completed*, accompanied by payment for total amount of fees due. Attach to front of your application filing.

Remember to include TWO COPIES of each application and supporting documentation. Enclose payment and **ONE Payment Card**, properly completed. We cannot process your application without these items.

Example Sign-in/Sign-out sheet for CE course providers*Design a similar personalized sign-in/sign-out sheet to meet OFIS requirements***Sample Educational Ventures LLC**

Michigan Provider number 5555

Course name: Insurance Ethics Principles and Case Studies

Course number: 99999

CE approved hours: 1

Date offered: 02/02/2006

Attendee name	System ID/ License Number	Time IN	Time OUT	Attendee Signature
<i>Ima Sample</i>	<i>0055555</i>	<i>8:30 AM</i>	<i>9:30 AM</i>	<i>Ima Sample</i>

**Michigan Department of Labor & Economic Growth**

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis

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